



4. **Current level of care:**

<input type="checkbox"/> requires total care	<input type="checkbox"/> requires assistance with care
<input type="checkbox"/> able to do own care	<input type="checkbox"/> has feeding tube
<input type="checkbox"/> ambulatory	<input type="checkbox"/> uses wheelchair/walker
<input type="checkbox"/> urinary/bowel incontinence	<input type="checkbox"/> has a catheter

Other relevant information \_\_\_\_\_

5. **Conservatee's physical and medical condition:**

<input type="checkbox"/> in in good health	<input type="checkbox"/> is developmentally disabled
<input type="checkbox"/> confusion/disorientation	<input type="checkbox"/> unable to read/write
<input type="checkbox"/> memory loss	<input type="checkbox"/> deaf or communication problem
<input type="checkbox"/> takes regular medications	(describe _____)

Please list health problems \_\_\_\_\_

How often does the Conservatee see a doctor? \_\_\_\_\_

Doctor's name \_\_\_\_\_

Are any other health providers involved? ☐ No ☐ Yes

<input type="checkbox"/> visiting nurse	<input type="checkbox"/> social worker
<input type="checkbox"/> podiatrist	<input type="checkbox"/> dentist
<input type="checkbox"/> counselor	<input type="checkbox"/> physical therapy
<input type="checkbox"/> speech therapy	<input type="checkbox"/> other (specify) _____

6. **How often do you expect to visit the Conservatee?**

7. **Does the Conservatee have other family or friends that will visit?**

8. **Do you plan to request conservator fees at the end of the first year?**

☐ No ☐ Yes (anticipated amount of request) \$ \_\_\_\_\_

9. **Conservatee's Estimated Monthly Income (complete even if a conservatorship of the person only)**

Social Security/SSI \$ \_\_\_\_\_ Dividends \$ \_\_\_\_\_

Pension (source) \_\_\_\_\_ \$ \_\_\_\_\_ Rental \$ \_\_\_\_\_

Veteran's benefits \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

Total Estimated Monthly Income \$ \_\_\_\_\_

**10. Conservatee's Estimated Monthly Expenses (complete even if a conservatorship of the person only)**

**LIVING EXPENSES**

Rent/Mortgage	\$_____	Utilities	\$_____
Nursing/Care Home	\$_____	In-home care	\$_____
Food	\$_____	Clothing	\$_____
Medical/Dental	\$_____	Medications	\$_____
Transportation	\$_____	Entertainment	\$_____
Other (specify)_____			\$_____

Total Estimated Monthly Expenses \$\_\_\_\_\_

**11. Other Expenses**

**TAXES**

	Current	Estimated Amount
Income Tax	___Yes ___No	\$_____
Property	___Yes ___No	\$_____
Payroll	___Yes ___No	\$_____

**INSURANCE**

	Company	Coverage Amount	Estimated premium
Homeowner	_____	\$_____	\$_____
Renters	_____	\$_____	\$_____
Automobile	_____	\$_____	\$_____
Worker's Comp	_____	\$_____	\$_____
Health	_____	\$_____	\$_____
Life	_____	\$_____	\$_____

Does the Conservatee receive Medi-Cal benefits?

\_\_\_No \_\_\_Yes \$\_\_\_\_\_ share of cost

**12. Do you expect to sell any of the Conservatee's real or personal property in the next year? \_\_\_No \_\_\_Yes**

If yes, explain reason\_\_\_\_\_

**13. Do you anticipate any unusual activities related to the management of the conservatee's estate during the next year?**

\_\_\_No \_\_\_Yes (explain)\_\_\_\_\_

\_\_\_\_\_

The undersigned conservator will:

- a. Inventory all assets in which the conservatee has any interest;
- b. Render timely, accurate and complete accountings to the court;
- c. Carry out all mandatory usual and general duties of a conservator;
- d. Maintain periodic contact with the conservatee's physician and other health care providers, if appointed conservator of the person;
- e. Maintain periodic contact with the conservatee's family and friends, if applicable;
- f. Be available to the conservatee on a 24-hour basis for emergencies, or arrange for such coverage by a qualified agent;
- g. Maintain accurate records related to the estate;
- h. Maintain all estate assets in a separate identifiable manner;
- i. Maintain estate cash assets in interest-bearing accounts, except as necessary for everyday administration;
- j. Maintain an adequate surety bond as required by law.
- k. Update case plan as needed.
- l. Refer to the "Conservator's Handbook".

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I have retained a copy of this case plan for my records.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Conservator

\_\_\_\_\_  
Type or print name